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Announcements

Any elected member of a national society of nephrology is eligible for membership in the *International Society of Nephrology* and receipt of the Society's official Journal, *Kidney International*. A subscription to *Kidney International* (including all Supplements) for calendar year 1976 is included in the annual 1976 dues of US $48.00. Potential new members can secure application forms for membership by writing directly to Dr. Neal S. Bricker, Treasurer, International Society of Nephrology, Department of Medicine, Albert Einstein College of Medicine, 1300 Morris Park Avenue, New York, N. Y. 10461, U.S.A. The completed application form should be returned to Dr. Bricker along with a check or money order for the first year's (1976) annual dues of US $48.00 (checks should be made payable to the International Society of Nephrology; checks from outside the U.S.A. can be paid through any New York bank).

European Dialysis and Transplant Association

Membership in the *European Dialysis and Transplant Association (EDTA)* is open to qualified workers in fields that are of interest to the Association (hemodialysis, peritoneal dialysis, renal transplantation and the broad field of nephrology including clinical nephrology, renal physiology, renal pathology, etc). Full membership is limited to scientists who reside in Europe and adjacent countries; associate membership is available to scientists from other countries. Candidates for full or associate membership must be proposed by two full or associate members on a form provided by the Secretary-Treasurer. This proposal, accompanied by a letter of recommendation from one of the proposers, should be sent to the Secretary-Treasurer for consideration by the Council. All members are entitled to *1*) receive information about the annual Congress and all General Assemblies of the Association, *2*) participate in the annual Congress and *3*) receive an annual copy of the Proceedings of the EDTA. For further information write to Dr. Vittorio E. Andreucci, Secretary-Treasurer, Division di Nefrologia, Seconda Facoltà Di Medicina Università, Via S. Pansini, 89131 Napoli, Italy.

The *Proceedings of the XI Congress of the European Dialysis and Transplant Association (EDTA)* is available from Pitman Medical, 42 Camden Road, Tunbridge Wells, Kent TN1 2QD, England (Price: £13.50). In the United States, it can be ordered from Dr. George E. Schreiner, Editor, Transactions of the ASAIO, Georgetown University Medical Center, Washington, D.C., 20007, U.S.A. (Price: US $30.00). Volume XI contains the latest statistical report of the EDTA Registry for dialysis and transplantation, special editorials on glomerular hemodynamics and autoregulation (V. Andreucci) and clinicopathological classification of glomerulonephritis (R. Habib), a panel discussion on dialysis and 57 original papers on dialysis (26), transplantation (14) and general nephrology (17).

Erratum

The previous version of an abstract (*Kidney Int* 7: 196, 1975) was in error. A corrected version is reproduced below:

Indomethacin in aminonucleoside nephrosis. *Adalberto Sessa, Ferruccio Conte and Cioffi. Sezione di Nefrologia, Ospedale Generale Provinciale di Vimercate, Centro di farmacologia Cellulare del C.N.R., Università di Milano, Milan, Italy.* Some authors have reported an improvement in human chronic glomerulonephritis treated with indomethacin, the most manifest result being a decrease of proteinuria. Some effects of indomethacin are well known. From ultrastructural data of previous work concerning the morphological patterns of renal glomeruli of normal rats treated with indomethacin, we have put forward the hypothesis that this drug may increase the synthesis of glomerular basement membrane by podocytes. To support this hypothesis, we treated rats affected with aminonucleoside nephrosis with indomethacin i.p. (daily dose, 4 mg/kg) knowing that in aminonucleoside nephrosis puromycin is able to induce significant proteinuria because it reduces the basement membrane synthesis by podocytes. In a study group of rats affected with an induced aminonucleoside nephrosis (12 days) we found that biochemical indexes of nephrotic syndrome were less evident in those treated with indomethacin (5 days); furthermore, the fusion of foot processes and the podocytic alterations induced by aminonucleoside nephrosis have been less evident. Moreover, our ultrastructural findings have shown cytoplasmic aspects of podocytes induced by indomethacin: an increase in the number of mitochondria and polysomes, enlargement of the Golgi apparatus and of rough endoplasmic reticulum often containing an electron-dense substance interpreted as "basement membrane material."